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ABSTRACT

This paper lists practices recommended by the Council for Exceptional Children's Division for Early Childhood concerning Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs) in early intervention and early childhood special education (EI/ECSE) programs for infants and young children with special needs and their families. An introduction notes that the guiding principles for the development of the recommended practices involved having families choose their extent of decision making involvement, and giving the IFSP or IEP document secondary importance to the development process. Other principles guiding the development of the recommended practices include: belief in collaboration among families and service providers; desire to eliminate the bureaucracy in the process; expectation of positive, growth-enhancing opportunities for team members; strong preference for quality, inclusive services; and a vision of family choice in the sources and delivery of services. Six components for IFSP and IEP indicators are also discussed: (1) IFSP and IEP teams should be broadly constituted and team members should be prepared for their roles; (2) IFSP and IEP development and selection of the service coordinator should be individualized; (3) documents should be individualized; (4) documents must be dynamic and responsive to changes in the child and family; (5) documents belong to the family; and (6) evaluation and monitoring of IFSP/IEP implementation should be a vehicle for the constant improvement of services. Forty-one recommended practices are then listed, focusing on the IFSP/IEP process and state and local monitoring. (JDD)

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IFSPs and IEPs

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The principles which guided the development of indicators for recommended practice for the IFSP and IEP are presented in the figure on the next page. The primary guiding principles for the development of the IFSP and IEP indicators were that 1.) the family is the decision maker in the process and 2.) that the process is critical.

The Family as the Decision-maker

The recommended practice indicators are based on the family's prerogative to be the ultimate decision maker. This does not mean that the family must make all decisions. It means that the family may choose the extent to which they wish to do the decision making. Families may choose to make all of the decisions or none of them; or families may choose to make decisions about some parts of the plan while having the service providers make decisions about other parts. The key here is that the family defines its own decision making role. This view of decision-making is reflected throughout the list of indicators. Item I4, on the selection of the service provider from a pool of providers, item I19 on the release of information, and item I35 on the selection of the service setting are examples of items that are based on the principle that families are the primary decision makers for themselves and for their children.

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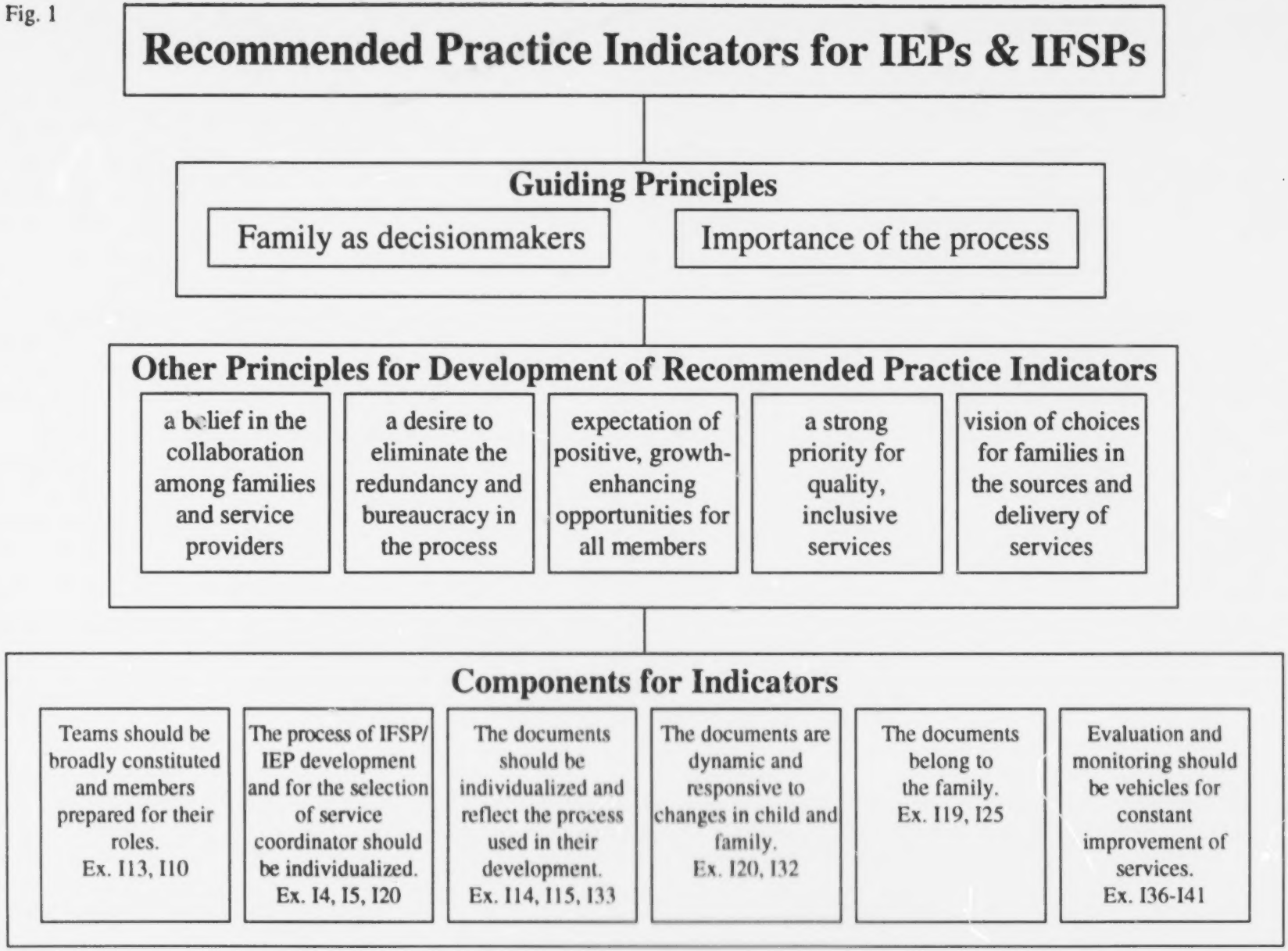
Fig. 1


Recommended Practice Indicators for IEPs & IFSPs
Guiding Principles
Family as decisionmakers
Importance of the process
Other Principles for Development of Recommended Practice Indicators
a belief in the collaboration among families and service providers
a desire to eliminate the redundancy and bureaucracy in the process
expectation of positive, growth-enhancing opportunities for all members
a strong priority for quality, inclusive services
vision of choices for families in the sources and delivery of services
Components for Indicators
Teams should be broadly constituted and members prepared for their roles. Ex. I13, I10
The process of IFSP/ IEP development and for the selection of service coordinator should be individualized. Ex. I4, I5, I20
The documents should be individualized and reflect the process used in their development. Ex. I14, I15, I33
The documents are dynamic and responsive to changes in child and family. Ex. I20, I32
The documents belong to the family. Ex. I19, I25
Evaluation and monitoring should be vehicles for constant improvement of services. Ex. I36-I41

The Importance of the Process

The importance of the process is the second primary guiding principle for the IFSP and IEP indicators. The IFSP and IEP process should be one which is supportive and inclusive of all the team members: family members, service providers, and others involved in the development of the plan. The plan itself, the IFSP or IEP document, is of secondary importance to the process that the team uses in developing it. The ideal process is one which uses the skills and expertise of each participant and facilitates trustful, respectful collaboration among all members of the IFSP or IEP team. The indicators reflect this concept of recommended practice. Item I3 addressing the relationship with families, item I21 on the communication between team members, and item I37 on the monitoring of IFSPs and IEPs reflect the concerns of the group that the process is as important, if not more important, than the resulting IFSP or IEP documents.

Other Principles Guiding the Development of the IFSP and IEP Indicators

Other principles were also used in the development of the recommended practice indicators. These include a) a belief in collaboration among families and service providers; b) a desire to eliminate the redundancy and bureaucracy in the process; c) an expectation of positive, growth enhancing opportunities for all team members; d) a strong preference for quality, inclusive services; and e) a vision of choices for families in the sources and delivery of those services.

These principles are consistent with the early intervention literature. Summers et al. (1990) found that families and service providers wanted early intervention services to be informal processes, responsive to their preferences, and supportive of the family as a whole.

Similarly, Able-Boone, Sandall, Stevens and Fredrick (1992) reported family preferences for informal approaches which were directed at family selected issues. In addition, families expressed a preference for a positive interactional style and relationship when describing their preferred service provider (Knafl, Breitmayer, Gallo, & Zoeller, 1992).

The Six Components for IFSP and IEP Indicators

IFSP and IEP Teams Should Be Broadly Constituted and Team Members Should Be Prepared For Their Roles.

This component includes statements endorsing appropriate interagency and interdisciplinary participation, emphasizing family participation and decision making, and supporting the need for information regarding IFSP and IEP development and safeguards for family members and service providers on the IFSP or IEP teams. Often in current practice, teams are made up of a set group of participants who are primarily service providers or other professionals. The indicators reflect the importance of moving toward teams that are selected in collaboration with the family and include, if they desire, members of their network of friends and representation from any service agencies or community groups which might be helpful in the process. Several of the recommended practice indicators for this component address the family's selection of the team membership, such as items I13 and I11.

IFSP and IEP Development and Selection of the Service Coordinator Should Be Individualized.

Options for the selection of the service coordinator should include family members as well as service providers or independent service coordinators. Indicators for this component address procedures, timing, team membership and the inclusion of information on the IFSP

or IEP. When teams make only one service coordinator available, develop documents without family collaboration, or routinely schedule IFSPs or IEPs according to the calendar rather than the changes in the child or family, they have adopted procedures that are not consistent with recommended practice. Items such as I4 and I5, which address the selection of the service coordinator, and items I20 and I24, on the development of the documents, were developed as indicators of the individualization desired during the development of the IFSP and IEP.

IFSP or IEP Documents Should Also Be Individualized and Reflect the Individualized Process Used in Their Development

Both IFSPs and IEPs should contain only information that families want included and that would be helpful in obtaining services and in addressing other family priorities. In particular, outcomes on the IFSPs and goals and objectives on the IEPs should reflect family preferences. Goals and objectives developed solely by an individual service provider should be replaced by goals and objectives based on the insights of all team members and selected based on the family's values and preferences. Examples of this are items I14, I15 and I33, which describe the options families have in decision-making and in the inclusion of their priorities.

Documents Must Be Dynamic and Responsive to Changes in the Child and Family

Both the IFSP and the IEP must be flexible enough to reflect the expected and unexpected changes in children and their families. Indicators of responsiveness to change describe the ongoing and dynamic nature of the IFSP and IEP as well as procedures for updating and revising the IFSP and IEP in ways that are responsive to family preferences.

Recommended practice also includes expectations for collaboration and efficient implementation of services. Indicators from this subset include those which describe the process of revisions (I20) and the individualization of progress toward outcomes (I32).

Documents Belong to the Family

IEPs, sometimes IFSPs, have historically been "owned" by the agency; the original was often filed away somewhere and kept under lock and key. It is recommended that the original copy of the document be given to the family. The family would then decide how, and if, the document would be shared with others. Laws of confidentiality protect families from unauthorized release of family or child information. Recommended practice indicators support the spirit, as well as the letter of the law. Indicators from this component include those addressing the release of the information, including the IFSP or IEP, and the confidentiality of information (I19 and I25).

Evaluation and Monitoring of the Implementation of the IFSP and IEP Should be a Vehicle for the Constant Improvement of Services

The indicators in this component reflect not only concerns for providing quality services for each individual child and his or her family, but also a concern for the quality of services for the broader community of children with special needs and their families. The evaluation and monitoring of services should not be an end, but a means to improving programs and practices. Indicators from this subset include not only those for monitoring of individual services (I36), but ones which support advocacy for all children with special needs and their families. Indicators from this component include all of those under State and Local Monitoring as well as those which address service gaps and advocacy in general.

Conclusion

The recommended practice indicators in this document reflect incremental changes in the way IFSPs are developed in current practice (Krauss, 1990). Many of the practices extend and refine practices currently being used by programs for infants and toddlers. On the other hand, these same practices may be radical changes in the way IEPs have been developed. It is recommended that IEPs become more family-centered rather than child- or school-centered, reflecting family priorities rather than only child or school priorities. More opportunities for families to participate in decision making should be provided in order to be consistent with recommended practices.

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DEC Recommended Practices
IFSPs/IEPs

Best practice indicators are based on the assumption that parents or legal guardians have the ultimate responsibility for decisions regarding the IFSP/IEP process.

IFSP/IEP Process

I1. The IFSP/IEP process is ongoing, dynamic, and individualized.

I2. As an initial step, the person(s) responsible for the development of the IFSP/IEP clearly describe to families the IFSP/IEP process, the rights that families have during the process, and the role of the service coordinator in the process.

I3. A supportive and mutually respectful relationship with families occurs from the time of initial contact with families.

I4. Each family has the opportunity to select from among the pool of available service coordinators the person whose skills and resources most closely match the needs and preferences of the family.

I5. Families have the option to have a family member serve as the service coordinator or co-service coordinator and to receive adequate pay for that work.

I6. In initial IFSP/IEPs when families are not familiar with any of the people who are available to serve as service coordinator, they may ask professional team members to recommend the service coordinator.

I7. Families may request a change in the service coordinator at any time and have that request honored if resources allow.

I8. State and local agencies provide competency-based training to ensure that the service coordinator appropriately fulfills roles.

I9. A system for training service coordinators also includes training family members if they want to participate.

I10. Training in service coordination includes methods to help family members identify informal supports.

I11. The person responsible for coordinating the development of the IFSP/IEP determines with the family the persons to be included on the IFSP/IEP team and, with family authorization, ensures participation of all relevant team members.

I12. Families may select as other team members persons who provide emotional support and practical assistance to the family, including service providers, friends, and families of other children with disabilities.

I13. With the consent of the family, the team may also include representatives of agencies and community programs that have previously served, or are likely to serve, the child or family.

I14. Families may choose: a family-directed process in which they have a leadership role; a collaborative process in which the family shares equal decision-making responsibility with other team members; or a process that delegates decisioning-making to other members of the team.

I15. Each family will have the opportunity to select or change the nature of their role in decision-making for each issue in question.

I16. Families receive individualized support and information so that they can participate in the process in the ways they have chosen. Other team members adjust their roles in response to family preferences.

I17. Families are invited to participate in any team discussion of their child or family.

I18. Families receive complete copies of all reports concerning them and their children, and team members offer assistance, when appropriate, in interpreting those reports.

I19. Families decide what information they wish to share with the team.

I20. Team members base decisions pertaining to updating and revising IFSP/IEP's on family preferences, assessment results, and newly- emerging child information.

I21. All communications, actions, and written statements of team members reflect their respect for one another.

I22. All team members are honest with each other.

I23. All team members recognize the critical role of emotional support and provide this support to other team members.

I24. The IFSP/IEP meetings and documents contain jargon-free communication and include explanation of technical information when necessary.

I25. The IFSP/IEP document includes only and all the information the family wants included.

I26. Professional members of the team are knowledgeable about laws, policies, and recommended practice for the development, implementation, and monitoring of IFSP/IEP's.

I27. Families are given the opportunity to receive information about current recommended practices related to the IFSP/IEP.

I28. Professional members of the team actively advocate for the full rights of the child and family.

I29. Team members keep policy makers informed of gaps in community services.

I30. Agencies allow sufficient time for their team members to work in ways that are consistent with recommended practice.

I31. Team members should ensure that meeting times and locations are convenient for, and accessible to, the family members of the team.

I32. Team members individualize criteria for assessing progress toward outcomes.

I33. Family-initiated outcomes, goals, and objectives are given priority in the development of the IFSP/IEP.

I34. Persons responsible for coordinating the development of the IFSP/IEP discuss with families all options for the range of service settings and assist families in considering the advantages and disadvantages of each.

I35. Families choose the setting for each service that is consistent with their preferences.

State and Local Monitoring

I36. State and local monitoring teams determine the degree to which outcomes for children and families have been achieved.

I37. State and local monitoring teams determine the degree to which families are satisfied with the IFSP/IEP process and document.

I38. State and local teams obtain information from families whose children are in early intervention programs, from professionals providing those services, and from professionals providing other services to these families and their children as a part of the monitoring process.

I39. State and local monitoring teams are made up of equal numbers of family members and professionals.

I40. Monitoring practices protect family confidentiality.

I41. State and local monitoring teams clearly document and report service gaps and scarce resources.